

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-4029.M2

MDR Tracking Number: M2-03-1139-01
IRO Certification# 5259

June 24, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

The patient is a 54 y/o female who was apparently struck in the hip/back with a shopping cart while working at ____ on _____. She was subsequently diagnosed with a "hip contusion, lumbar sprain and sciatica/radiculopathy". She underwent conservative treatment with physical therapy, anti-inflammatory medications and a neuromuscular stimulator. Her pain in the lumbar region failed to respond to conservative treatment and subsequent MRI dated 5/29/02 showed broad based disc protrusions at L4-5, L5-S1 and facet arthropathy with mild to moderate foraminal encroachment. A facet block was performed at L2-3, 3-4, 4-5, L5-S1 on the left on 8/19/2002 resulting in total relief of patients pain on follow up visit 9/03/2002. EMG 10/02/2002 showed bilateral L4-5, L5-S1 radiculopathy while NCV indicated bilateral lumbar and hemi-sensory cortex lesions. She was evaluated by two neurosurgeons who recommended decompressive surgery at L5-S1. She was subsequently evaluated by a pain management specialist who recommended discography.

REQUESTED SERVICE (S)

Discography L4-5, L5-S1 with control level

DECISION

The request for discography is recommended as a treatment option.

RATIONALE/BASIS FOR DECISION

The use of discography is widely accepted in diagnosing discogenic low back pain in combination with abnormal MRI findings. MRI documents disc degeneration at L4-5 and L5-S1. Her various clinical reports document a variety of physical findings on exam with several discrepancies and no clear description of her radicular pain pattern. Despite this deficiency, the patient seems to have symptoms of both radiculopathy and axial back pain. If the discogram reproduces her normal back pain pattern she may benefit more from fusion than decompression. If the discogram does not reproduce her back pain, then a decompressive procedure may be more beneficial.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 25th day of June, 2003